MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY 5. COUNTY hours after Vorce + tex MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b C. CITY OR TOWN of putside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? Box 246 YES NO executed within carbon NAME OF First Middie DATE Month Last Day DECEASED 19 66 (Type or print) DEATH 500 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS, last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 7. MARRIED NEVER MARRIED 8. WIDDWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? certificate be INDUSTRY. 13. FATHER'S NAME MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN -transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Myocardial Infarction Acute IMMEDIATE CAUSE (a) been signed burial-t burial, DUE TO Cardiovascular Disease Conditions, If any, which MOS gave rise to immediate DUE TO cause (a), stating the prior underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate NO F YES [6 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I (State) 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) this toxpital attended the deceased from 50 M, from the causes and on the date stated above. FUNERAL DIRECTOR: and that death occurred at /66 saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS should be NAME (Type) director, Box 126, Berlin, Md. Ivory DATE THEREOF NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a, BURIAL, CREMATION, 23b. 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR I VR A15 (4) 20M 1/65

MARY LAND CLIEB Mak-Bankon The same of the same boliet hourse belling 6 11 68 10-12-24 41 Frank Kegge Penetty wooder Nelsuram U.S.P. manu dans Brant Handy Berleuste Gravel Celin star fry 246 Jon W. dusty - 10-Berlin , mil. identify the file person Mec. ald - policold ment

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Worcester o. STATE Virginia b. COUNTY Fairfax and 3 to M3. Page MARYLAND Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Ocean City CLENGTH OF STAY IN Th c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) after 6 -11-66 McLean d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office along with form Box 173 60 Givn Pages none YES NO SE hours after death. 3. NAME OF First Lost 4 DATE Month Year DECEASED 66 Hale June within Garv Dav 19 (Type or print) DEATH with IF UNDER 1 YEAR IF UNDER 24 HRS. S SFX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lest bi birthdoy) Months Dovs Hours tem 18. White Male WIDOWED DIVORCED 11-7-49 CN puo 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT student 13. FATHER'S NAME Washington, D.C. U forwarded to the Chief Medical Examiner's pencil 14 MOTHER'S MAIDEN NAME This certificate should be executed within .5 Violette Hale File puo Paul 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) removol. O.C. Md San-Bar L2nd St. Father-No 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH cremation, or Suffication IMMEDIATE CAUSE (o) writing the word DUE TO Conditions, if ony, which gove 10-20mins. Accidental buried in sand rise to immediate couse (o), DUE TO stoting the underlying couse lost. burial, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO X please execute the certificate, none 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) designated ogent, priar PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 4 should collapse of tunnel in sand 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) While Not While factory, street, office blda., etc.) moy be retained for your FUNERAL DIRECTOR: Poge 19 66 of work of work Home Ocean Gity. Worcester MD. 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection x and in my apinian Accident . the funeral director. death resulted from: Natural causes Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6-17-66 DEPUTY MEDICAL EXAMINER Heolth or **EXAMINER'S** J. Roberts Thomas Address (Street, city, town, or county) Ocean City . NAME (Type) 230. BURIAL CREMATION 23c. NAME OF CEMETERY (County) 23d. LOCATION (City or Town) 0 REMOVAL (Specify) 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR Marley VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

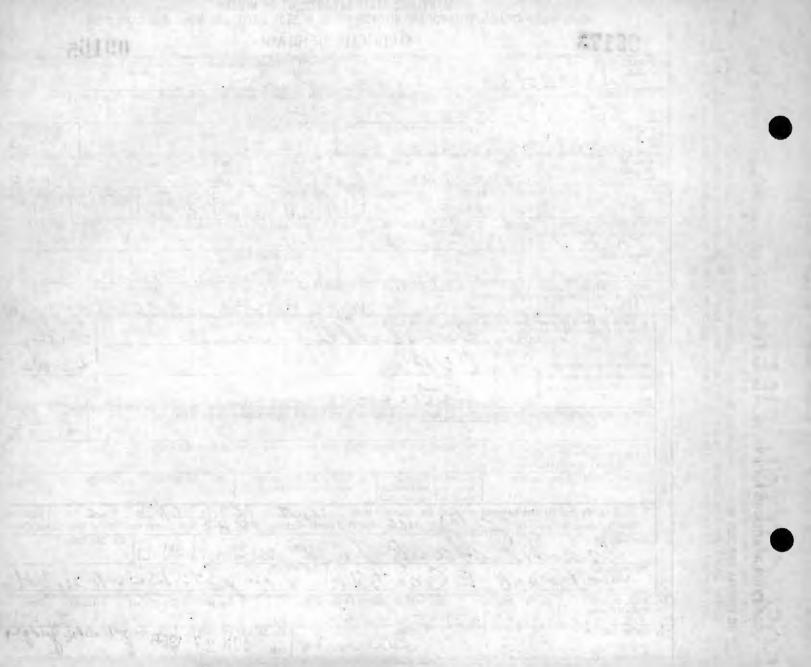
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lay is necessary, 13 to the funeral Pag≡ 5 may be	State hours	10		Va. Ros	d (home	addre	ess)							YES NO	
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Page	nt x			1ale USUALOCCUPAT	Negro		IDOWED			Jan 9, 19	State or forel	55 yrs.	12. GIT	IZEN OF WHAT	_
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certificate should be executed within 24 hours after death. If it riting the word "pending" in pencil in Item 18. Give Pages 1, ded to the Chief Medical Examiner's Office along with form			(Yes	, no, or unkown)	(IT yes give war or	dates of servi	- 1	4-34-5126	Jo	hn Dougla	s. Gi	rdletr	ee. Mo	i.	
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D DEPUTY please ex director.	FUNERA		23a.	BURIAL, CREM		DATE THER	REOF	23c. NAME OF CEM	ETERY	OR CREMATORY		CATION (City,	town or coun	ity) (State))
Pare	10	0		Buria Buria	1 6/	15/1	966	St. Pau	119	Cemeter	y Sto	ckton,	Mary:	la nd	
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AND THE REPORT OF A SECURITION OF A PARTICULAR OF A SECURITION MILE PROPERTY. The same of the sa And aproper BEST TORUS .

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 09173 requires that the death certificate be executed within 24 haurs after death death physician and completely filled in by the funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY o. COUNTY ORCEST WORCESTER MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If optside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS event, within 72 Broad St. NO P YES NAME OF Middle 4. DATE Month Doy Yeor Lost DECEASED (Type or print) DEATH 19 IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Doys Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) HDUSTRY COUNTRY? 60 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no, ocurrenown) (If yes give wor or dates of service burial, cremation. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line to (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been , page 3 should be detached far use as the be filed with the State Dept. af Health priar ta lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While ot work , 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram_ and that death accurred at 44 M. fram causes and an the date stated above 1966. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR M.D. PHYS 22d. - ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, shauld b 23c. NAME OF CEMETERY OR-CREMATORY. 23d, LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE THEREOU (County) (Stote) REMOVAL (Specify) GREEN VR 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #1d Film #G CERTIFICATE OF DEATH feath. The low renuires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) physicion and completely filled in by the funeral en please remove carbon gapers. Pages 1 on<u>d</u> PLACE OF DEATH o. COUNTY DRCESTER MARYLAND nin 72 hours after b. CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 16 c. CITY OR TOWN (I outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest (awn) FRUIN e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) William St. at the Power Plant YES T NO Y offending physicion una control narmit. Then please remove carbon NAME OF Middle 4. DATE First Month Doy Year Lost and in any event, wit DECEASED UNG RUSTON (Type or print) DEATH IF UNDER 1 YEAR SFX DATE OF BIRTH AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE **NEVER MARRIED** 7. MARRIED lost birthday) Doys Hours DIVORCED 12. CITIZEN OF WHAT IDo IISUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY E 0 13. FATHER'S NAME or removal, ANIC 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dotes of service) burjol, cremotian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) the buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by be retained by the hospitol or offending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (o). DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been detoched for use as the prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of Health YES NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While 19 at work should be 2). I certify that (P) (this hospital) extended the deceased fram Cert 12 , 196 5 to M, from causes and on the date stated above kine 12 19 66, and that death accurred at saw the deceased alive and 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** June 13 director, page 3 should be filed v M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICHAN'S Selbyville, Delaware Jack C. Lewis NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d_ LOCATION (City or Town) (Stote) 230. BURIAL CREMATION (County) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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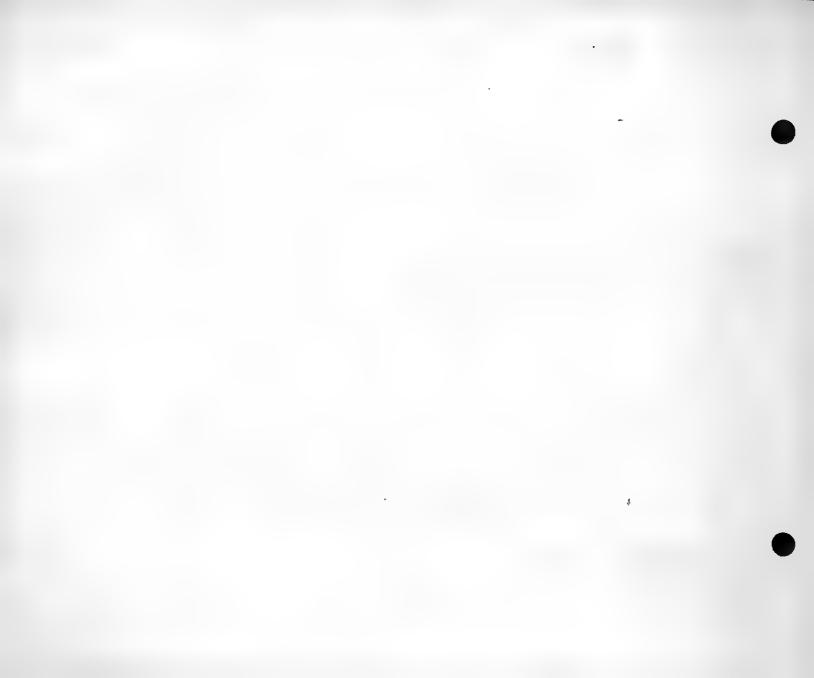
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funera and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY a. CDUNTY Worcester 24 hours after orcester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If putside corporate limits, write RURAL and give nearest town) ve carbon papers. Pagevent, within 72 hours Berlin Berlin d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled IS RESIDENCE ON A FARM? d. STREET ADDRESS NO Fee RED YES completely 3. NAME OF First elhhlM Last 4. DATE Month Day Yeai DECEASED 24, 19 66 Selina Hemry June (Type or print) DEATH AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. 5. SEX 6. COLOR DR RACE and cor DATE OF BIRTH 96/9 7. MARRIED NEVER MARRIED Months Hours any Negro WIDOWED [DIVERCED F September 10a. USUAL OCCUPATION (Give kind of work done) .≘ 10b, KIND OF BUSINESS DR sician ease r 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) pe during most of working life, even (f retired) INDUSTRY COUNTRY? Laborer Barlin. certificate ed by the attending on: fransit permit. Then p , cremation, or removal, removal. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Link Morris Isaac Henry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address death (Yes, no, or unkown) (If yes give war or dates of service) Dorothy Robbins. Daughter. Berlin. 222-03-9099 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 2 days been signed by the burial-transit or to burial, crem DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis with left hemiparesis the hospital or attending physician. Hypertensive Cardio-vascular Disease 3 mos Conditions, If any, which rise to immediate as the prior to DUE TO cause (a), stating underlying cause last. CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? certificate NO DE YES [20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) etached f Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While retained by 19 at work at work should ith the 0 PM to 6/23/66 , 19 , that (I) 100 last M, from the causes and on the date stated above. DIRECTOR: Jage 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred afsaw the deceased alive on 22a. SIGNATURE DATE SIGNED Page 4 may be r page MED. DIRECTOR ATTENDING M.D. O FUNERAL I director, pag should be fil 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Sully, Box 126. Berlin. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23c. 23d. (State) LOCATION (City, town or county) REMOVAL (Specify) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. VR A15 (4) 20M 1/65

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FOR STAVE	Va.		09176 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	168
HEALTH DEPT			PLACE OF DEATH a. COUNTY WORESTER MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence of the county of the state of the county of the state of the county of t	ce (Willy)
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withir pencil xamin ile po		13	JAMES O. MAC POWA -P SORDE Gedd	رق .
		[5 (¥e	WAS DECLASED EVER NUS ARMED FORCES? 16 SOCIAL SECUR TY NO 17 INFORMANT S. no prynknown) (If yes give war or dates of service) 228-62-9817 VES FUNERAL HOME HAL	INFON VA.
			18 CAUSE OF DEATH (Enter only one cause per line for (a) (5) and (c).) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
ote should be eg the word per set to the Chief I so burial-tronsit cremotion or re-			Conditions, if ony, which gove (b) Overdose of darvon and alcohol	approx. 3 hrs,
certificate should writing the word street to the Character to the Character as o burial-trebur all cremotion.	,		stating the underlying cause (c)	10 Mas altropey
This certificate, writh be forward be used in to bursard	7	CERTIFICATION	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
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		MEDICAL	Haur a.m. While Nat While factory, street, affice bldg , etc.) p.m. 19 of work at wark	ounty) (State)
LEDICAL EXA cose execute irector. Poge oined far you IRECTOR: Pag	, ,		21 I certify that I took charge of the remains described obove, held on Autopsy Inspection Inquiry, death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined monner X	and in my opinion
Y MEDICA , pleose e. ol director. e retoined AL DIRECTOR			ACTUAL SIGNATURE ACTUAL SIGNATURE M.D ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	Ne 24,66.
necessary, in the funeral 5 may be reformed to Funeral 10 Funeral Health or it	3	230	BURIAL, (REMATION, 23b DAJE THEREOF, 23c NAME OF CEMETERY OF CREMATION 23d LOCATION (City or Town)	(County) (State)
5 g = 2 5 g		24	PEMOVALISPECTOR 6 29 66 COLUMBIA DENS ARLINGTON FUNERAL DIRECTOR ADDRESS N / 250 REGISTRAR 250 REGISTRAR 250 REGISTRARS S	TAKELAVA
VR A15ME (5 6M 1/66	5)		Anna A Butter Bulin MA DATE JUN 28 1966 Action	rles Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, finstitution: Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY WORCESTER 3 10 P.M.3. Poge 5 b CITY OR TOWN (If gutside corporate limits, c LENGTH DE STAY IN 16 c City DR TDWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 2 DAY DEEAN d NAME OF HDSPITAL DR INSTITUTION (If not in hospital give street oddress) d STREET ADDRESS Give Poges 1, Office along with form ON A FARM? NORTH NO 🔼 the State 4. DATE 3. NAME OF DECEASED SHERMAN JUNE MARCUS DEATH with the within (Type or print) IF LINDER 1 YEAR IF UNDER 24 HRS AGF (In years NEVER MARRIED birthdoy) ost n 1 WI DOWED event and 2 12 CT ZEN OF WHAT 10b. KIND OF BUSENESS OR 11. BIRTHP, ACE (State or fore an country) 100 USUAL OCCUPATION (Give kind of work done CDUNTRY? during most of working life, even if retired) 24 13 FATHER'S NAME be executed within 5 9 puo 17 INFORMANT 16 SOCIAL SECURITY NO WAS DICEASED EVER NULS ARMED FORCES (Yes, no, or upknown) (fives give war or dotes of service removol. LLIAN pending NTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) ONSET AND DEATH buriol-transit PART I DEATH WAS CAUSED BY MULTIPLE ŏ IMMEDIATE CAUSE (o) pluods WOL uned mm o buriol-tra buriol, cremation, DUE TO FROM AUTO IMPACT Conditions, if any, which gave rise to immediate couse (o). DUE TO certificate stating the underlying couse lost. 19 WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CATION NO X prior to 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1 of item 18) 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING STEPPED FRONT CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year foctory street, off ce bldg, etc.) OC. EAN WORCESTER Me moy be retained for your FUNERAL DIRECTOR: Poge designoted 21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection X. and in my apinian Inquiry Undetermined manner Accident X . Surcide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO DEPUTY **EXAMINER'S** Address (Street, city, town, or county) Coenn City, Mil Heolth Roberts NAME (Type) Thomas 23d. LOCATION (City or Town) (Stote) 0 REGISTRAR S SIGNATURE REC'D BY REGISTRAR 25h 24 FUNERAL DIRECTOR VR A15ME (5)



1 6	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CS178 CERTIFICATE OF DEATH () 1 7 ()
rs after death. the funeral Pages I and 2 urs after death.	1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
lled in by appers, in 72 hou	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Berlin Nursing Home d. STREET ADDRESS on A FARM? YES NO
The law requires that the death certificate be executed within 24 haurs after death attending physician. has been signed by the attending physician and campletely filled in by the funeral sse as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 th priar to burial, crematian, ar remaval and in any event, within 72 hours after death	3. NAME OF DECEASED (Type or print) S SEX
h certificate be ing physician of Then please remayal and it	during mas forwarking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 19. WAS DECEASED EVER IN U.S. ARMED FORCES? 10. SOCIAL SECURITY NO. 17. INFORMANT 11. Address 12. WAS DECEASED EVER IN U.S. ARMED FORCES?
equires that the death certifi physician. signed by the attending phy burial-transit permit. Then burial, crematian, ar remava	(Yes, no, or Jknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions if any which gave) ONE TO PART I. DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
The law requires the attending physician, has been signed by se as the burial-train heriar to burial, cre	rise to immediate cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
HOSPITAL OR ATTENDING PHYSICIAN: The law raage 4 may be refained by the haspital or attending FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to	YES NO COURTED. (Enter nature of injury in Part II of item 18.) 200. ACCIDENT WAS UNDERLYING COURTED. (Enter nature of injury in Part II of item 18.) 200. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Manth, Day, Year 200 INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
OR ATTENDING P be retained by the JIRECTOR: After thi e 3 shauld be det ed with the State D	Hour a.m. pm. 19 While at work at work for factory, street, affice bldg., etc.) 21. 1 certify that (I) (this haspital) attended the deceased fram Marca o 1966, to 5—, 1966, that (I) (we) to sow the deceased alive on 1966, and that death occurred at M, fram causes and an the date stated above 220. SIGNATURE
O HOSPITAL OR ATTENDING Page 4 may be retained by t O FUNERAL DIRECTOR: After director, page 3 shauld be a shauld be filed with the State	22c. PHYSICIAN'S NAME (Type) ATTENDING M.D. ATTENDING DIRECTOR DIRECTOR DIPHYS. DI 7-6-66 22d. ADDRESS Surlin MA
TO HOSPITAL Page 4 may TO FUNERAL I GIRLS SP. S. Shauld be fill	23d BURIAL CREMATION, 23b DATE THERFOF 23c. NAME OF CEMETERY OR CREMATORY REMOVA (Specify) 6 7 6 5 5T. JOHNS 24 FUNERAL DIRECTOR ADDRESS ADDRES



.n	1				EPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1	FOR S			99173 MEDICAL EXAMINER'S	
100	HEALTH	DEPT	1.	a. COUNTY	2. USDAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
•	ary, erai	it it		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	fune may	Department after death.		Rural nr. Bishopville	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	y is necessary, to the funeral age 5 may be	afte		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addres	ON A FARM?
	and 3 to 13.	State hours	3.	Highway 367	Last 4. DATE Month Day Year
	2, ar.	200		Gype or print) Ronald Clifton	Savage DEATH June 6 1966
	th. If ges 1, form		5.	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	(S) (S)	L and 2 event w	10:	a. USUAL OCCUPATION (Give kind of work done Industry Industry Industry Industry	June 24, 1946 19 yrs. 12. CITIZEN OF WHAT
	fter des Give Pe g with	1 a		ring most of working life, even if retired) DuPont Employee DuPont Employee	ee Maryland USA
	CO	pages 1 in any	13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	24 hours n item 18 Office al	and	15	Elton Savage 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Sarah Williams 7. INFORMANT Address
	rin 2 rin in r's 0	permit. I removal,	I (Y	es, no, or unkown) (Hyes give war or dates of service)	ather - Elton Savage - BISHOPUILLE, Mo.
	ed within 24 hours in pencil in Item 1 xaminar's Office a	rem		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Internal injuries, pelvic Interval Between
	cuted gr in Exa	cremation, or		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)h emorrhage, and	possible skull fracture instant
	exe	iai-tra nation		Conditions, If any, which \ (b) Automobile	accident
	id be	a bur		gave rise to immediate cause (a), stating the DUE TO	
	shot word Chie		20	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	icate the the	used as to burial	ICATI		YES NOX Y
	ER: This certificate should be executed within icate, writing the word "pending" in pencil lie forwarded to the Chief Medical Examinar's	3 should be agent, prior 1	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARYAT OF CONTRIBUTING CAUSE OF DEATH.	CCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
	This e, wr rward	shoul ent, p		20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F	CC id ent LACE OF INURY (Home, farm, 20f. (City or town) (County) (State) Ctory, street, office blig, etc.)
	EXAMINER: certificate nould be for	0 g	MEDICAL	p.m. 19 at work at work 💥 🛶	chany 367 Rural hor. My.
	Certi	CTOR: Page designated		21. I certify that I took charge of the remains described above,	
•	and is	STOR: design		death resulted from: Natural causes, Accident ty.,	Suicide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER
	execute Page 4	L DIREC		SIGNATURE CHAPTER C. C. C.	CTI N Seputy Medical Examiner (1)
	Executive Picture	NERAL D Realth or	,	EXAMINER'S Clifford E. Schott,D.	Address (Street, city, town, or county) Rerin Md.
	D DEPUTY please ex director.	~ = -	23	PHOTOL CREMATION 1 23h DATE THEREOF 1 234 NAME OF CEMET	
	5 24	TO F	-	HENOVAL POECIFY) 6-9-66 \$ ODDFE	ZZLOWS (PM. DISHOPUILLE ID., 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		A15ME		O. Broles Meson Trockford D	MIN 13 1966 goliantes Judge
	350	0 4-64	H		

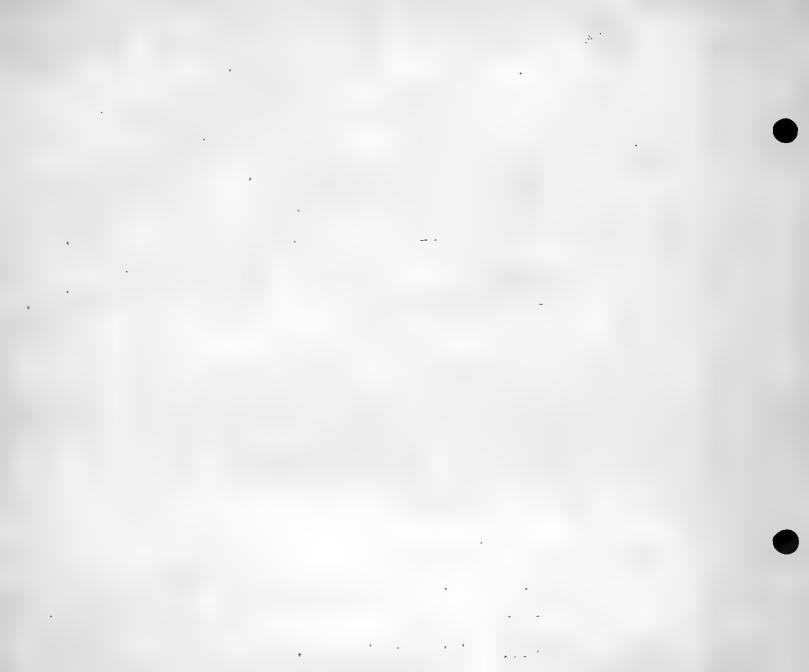


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death hours after death. PLACE OF DEATH B. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY OM 100 the tu Maryland after Worcester MARYLAND by the Pages CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1D c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) bon papers. Page within 72 hours a Bishop Berlin days filled in e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? RFD Berlin Nursing Home YES 2 NO completely ve carbon p 3. NAME DE DATE First Middle Month Day Year Last 4. remove carbo DECEASED Selby DEATH June 1966 19 Sampson (Type or print) executed 5. SEX 6. COLOR OR RAGE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthday) Months | Days Hours I Min. 1880 Male White WIDOWED X DIVORCED 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? certificate be Retired Own Farm USA Marvla nd Farmer 13. FATHER'S NAME MOTHER'S MAIDEN NAME this certificate has been signed by the attending stateched for use as the burial-transit permit. There Dept. of Health prior to burial, cremation, or remov Sampson Selby Mary Ann Bunting 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SDCIAL SECURITY ND. (Yes, no. or unkown) (If yes give war or dates of service) The law requires that the death 216-28-5 marryJ. Selby Bishop. Md. XX XX INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) 2. Unell DUE TD Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the underlying cause last. (c) WAS AUTOPSY CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES T NO T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) TIME OF INJURY Month, Day, Year DIRECTOR: After thange 3 should be det factory, street, office bldg., etc.) Hour a.m. While Not While et work OR ATTENDING I at work 1944... that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 11:2 -. 1961 to 6 - 4 -1964 and that death occurred at 12.4 M, from the causes and on the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 22a. SIGNATURE TD FUNERAL DIRE director, page 3 should be filed v ATTENDING PHYS. MED. DIRECTOR PHYS. M.D. Page 4 may 1 FUNERAL 22d. **ADDRESS** PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Bishopvill 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINED: CERTIFICATE OF THE PROPERTY OF T FOR STAF HEALTH DEPT. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Maryland Worcester Worcester MARYLAND alay is necessary d 3 to the funeral Page 5 may be Department after death. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b minutes Rural-Pocomoke City Rural-Pocomoke City e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS State R.F.D. YES X R.F.D. No and Day Middle DATE Month Year NAME OF First DECEASED SHOBE, 66 (Type or print) MARION BROOKS DEATH June 19 8. Give Pages 1, 2 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 2 with withing NEVER MARRIED 7. MARRIED last birthday) | Months | Hours Male White Sept. 72 DIVORCED [MIDOWED O. event 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY U.S.A. Schoolboy West Virginia ---13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Item 1 Marion Brooks Shobe Virginia Marie Simons and INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) | (If yes give war or dates of service) removal, EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil in nould be forwarded to the Chief Medical Examiner's permit. Brooks Shobe, Pocomoke City. No None INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: a burial-transit | cremation, or | IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the œ used as a to burial, underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO X YES 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) و م 밀교 3 should CAL (Stete) 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) Not While CTOR: Page designated at work at work and in my opinion the cert 21. I certify that'l took charge of the remains described above, held an Autopsy Inspection Inquiry files. FUNERAL DIRECTOR: Health or its design Undetermined manner Homicide Accident CHIEF MEDICAL EXAMINER for your SIGNATURE DEPUTY MEDICAL EXAMINER 104 Bay Streetures Strout, Hy, Iden, or down two re LaMar. M.D. director. retained 23c. NAME OF CEMETERY OF COMMANDEX 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, DATE THEREOF 6-16-1966 Pocomoke First Baptist City Maryland 0 ADDRESS Pocomoke City, Md. DATE 3500 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09182 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death death the attending physicial and campletely filled in by the funeral sit permit. Then please remove carban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Worcester MARYLAND lease remove carban papers. Pages 1 and in any event, within 72 haurs after c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate lim ts. write RJRAL and give nearest town) @v 1 1 1 e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS MAPREAVE YES NO 3 NAME OF Middle DATE Doy Last Year DECEASED OF DEATH JUSHN TAME SMITH 19 6 6 (Type or print) S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** last birthdoy) Months Dovs Hours DIVORCED WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Worcester HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit PART I DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO NSUFFICIENCY Conditions, if ony, which gove rise to immediate couse (o), DUE TO as the prior to b storing the underlying couse Page 4 may be retained by the hospital ar attending FNS10N iast. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) far use Health NO DA YES 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH af a (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) TIME OF INJURY Month, Day, Year Haur a.m. factory, street, office bidg., etc.) Not While 19 of work ot work 21. I certify that (1) (this hospital) attended the deceased fram. 19___, that (1) (we) last and that death occurred at 2 AM, from couses and on the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR PHYS. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S KOBERT NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL CREMATION. 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Melist aresu 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** VR A15 (4) DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH degt PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE **b.** COUNTY DORCOKSTE en please remove carbon papers. Pages 1 requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If autside corporate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) filled in by the write RURAL and give nearest town ERLIN. IS RESIDENC ON A FARM d STREET ADDRESS OR INSTITUTION (If not in haspital, give street address) ERLIN YES X NO 3. NAME OF DATE Day Year and completely DECEASED JUN 14RNER NNA DEATH 19 (Type or print) NEVER MARRIED 7. MARRIED ast birthday) Manths Hours 10a USCAL OCCUPATION (Give kind of work dane) Ob. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY signed by the offending physician burial-tronsit permit. Then-please WORCELSTER. HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELIZNBETH ANIEL burial, cremation, or remo 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, ar unknown) (If yes give war or dates of service) 217.30. 7607 PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH HEART CONGESTIVE DUE TO 1REM119 Conditions, if ony, which gave rise to immediate couse (o), DUE TO stating the underlying cause 10 FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION YES NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS JNDERLYING™ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) factory, street, affice bldg , etc.) Not While at work at wark 21. I certify that (1) (this haspital) ottended the deceased from 3 June 2 1966, to 6 June, 1966, that (1) (we) last \overrightarrow{P} M, from causes and an the date stated above. saw the deceased alive an 6 Jun 1966, and that death occurred at 6 22b. DATE SIGNED 22o. SIGNATURE C-7-66 Z DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Thomas J. Roberts 1001 Philadelphia Ave-Ocean 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (State) 23a BORIAL, CREMATION REMOVAL (Specify) BEARLY DAY, U Y GRGREEN 2So. RECD BY REGISTRAR VR A15 (4)



1	7	MARYLAND STA DIVISION OF STATISTICAL RESEARCH AND RI	TE DEPARTMENT OF HEALTH FCORDS 301 W. PRESTON STREET, RAITIM	ORF 1. MARYLAND
N	7		FICATE OF DEATH	09176
24 hours after death. Filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.		1. PLACE OF DEATH a. COUNTY Worcester	2. USUAL RESIDENCE (Where deceased lived, If is a. STATE Maryland b. Col	
after y the ages is		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
nours a lin by s. Pag		Berlin 7days	Willards	la cealbeile
24 hou filled in 72 ho	01	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stree		e, is residence on a farm?
in 2	, ,	Berlin Nursing Home 3. NAME OF First Middle	Last 4, DATE Mor	nth Day Year
ath certificate be executed within 24 hattending physician and completely filled rmit. Then please tentove carbon papers, or removal, and in any event, within 72		3. NAME DF DECEASED (Type or print) R. Cleveland	OF.	2. 1966 19
uted		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR	10 405 0	I I FUNDER I YEAR IF UNDER 24 HRS.
Sam Sam		11-11-11-11-11-11-11-11-11-11-11-11-11-	CED Sept. 13. 1884 81 yrs.	
be e		during most of working life, even if retired) barmer (Retired) Own Farm	Maryland	COUNTRY?
cate phys		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	VOS
ing There		George Twilley	Sara Nut	
th ce ttend nit.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unknown) (If yes give war or dates of service)	. 1	ress
e death c the atten it permit. nation, or i		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and	40%rs. Doris Bedgar Free	
requires that the ding physician. been signed by the burial-trans or to burial-trans or to burial, crem		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) STAX DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, if any, which gave rise to immediate cause (c).	Clerary clerary	INTERVAL BETWEEN ONSET AND DEATH 2 Chay
= .2 5.7	pt	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UTNOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN	YES NO
ICIAN ospit certi hed 1		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DURI COCURRED. (Elitor nature of injust) in rail 1 of 1 at 1	1 01 1500 2017
ing PHYSICIAN: d by the hospital After this certifi 1 be detached fo State Dept. of H		20c, TIME OF INJURY Month, Day, Year Pour a.m. P.m. 19 at work at work at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(County) (State)
the Fire		21. I certify that (I) (this hospital) attended the deceased saw the deceased alive on 6 1966	, and that death occurred at 230/M, from the cause	22b. DATE SIGNED
TAL may KAL ', pa	1	22c. PHYSICIAN'S NAME (Type)	M.D. PHYS. A DIRECTOR PHYS. L 22d. ADDRESS Bushin Mid	1 6-2-(166
TO HOSP ASS 4 4-64 DIRECTOR SHOULD SHOULD IN THE PASS A DIRECTOR S	8	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF BREMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS LILY MALLY SULLY WILL ADDRESS	HODE 25a. REC'D BY REGISTRAR 25b.	
	~	/ '/		



	1 M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OS185 CERTIFICATE OF DEATH
	after death. the funeral ges 1 and 2 after death.	1. PLACE DF DEATH a. COUNTY Worcester MARYLAND b. CITY OR TOWN (if outside corporate limits; write RURAL and give nearest town) 2. USUAL RESIDENCE (Where deceased lired, If institution: Residence before admission a. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b
	24 hours filled in by papers. Pa	write RURAL and give nearest town) Pocomoke City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 24 Somerset Ave. Crisfield d. STREET ADDRESS Lawsonia Rd. Lawsonia Rd. VES NO IX
	executed within and completely removes and on a sy event within	3. NAME OF DECEASED (Type or print) WALTER W. WALSTON, SR. DATE DEATH June 23 19 66 5. SEX 16. COLOR OR RACE 17 MARRIED FOR M
		Male White WIDOWED DIVORCED Jan. 4, 1886 80 yrs. Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman Seafood Crisfield, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	e death certific the attending p t permit. Then ation, or remov	Charles Walston 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No None 16. SOCIAL SECURITY NO. 17. INFORMANT Address Wrs. Lillie Walston, Same as 2. abcd 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1
NG PHYSICIAN: The law requires that the death certificate be	The law or atter cate has r use as ealth pri	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	NG PHYSI by the ha fter this be detact State Depi	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State) 4 work 2 at work 2 a
•	PITAL OR ATTENIA 4 may be retaine ERAL DIRECTOR: or, page 3 shoul I be filed with the	21. I certify that (i) (this hospital) attended the deceased from
	VR A15 (4)	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. DATE
	20M 1/65	AVII (3 1300 perantes fridge

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1	I	tems 208 F21 Film 63886 7 MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30	EPARTMENT OF HEALTH 11 W. PRESTON STREET, BALTIMORE, MARYLAND 212	201
FOR STATE		09186 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	09178
HEALTH DEPT	1.	PLACE OF OEATH O. COUNTY OORCESTER MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. STATE b. COUNTY ARYLAND	ce before odmission)
delay is not 3 to no PM3. Page be portment of s after death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLERN CITY C. LENGTH OF STAY IN 1b CARRY	C CITY OR TOWN (If outside corporate limits, write RURAL and give	neorest town)
orre e e		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	6617 Powhatan ST	e. IS RESIDENCE ON A FARM? YES NO
22 Peo		(cipe or print)	DEATH	20 19 66
		Male white WIDOWED DIVORCEO	8. DATE OF BIRTH 4 - 30 - 48 9. AGE (In years lost birthdox) Months YES	Doys Hours Min.
1 24 hours I in Item 18 er's Office ges land 2 v any event	du	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 5.7 L. D. N. T. School	PITTSBURG, PA. OL	UNTRY? U.S.A.
be executed within 24 "pending" in pencil in nief Medical Exominer's onsit permit. File pages or removol, and in any	L	JOHN WILLIAM YOUNG MAN	14. MOTHERS MAIDEN NAME EIIZABETH BLACK	BURN
executed ending" in Medical E it permit. F	(1)	WAS DECEASED EVER IN U.S. ARMED FORCES? Is, no, grunknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO.	FATHER SEE # 2	2
INER: This certificate should be executed within 24 hours e certificate, writing the word "pending" in pencil in Item 1 should be forworded to the Chief Medical Exominer's Office files. 3 should be used as a burial-transit permit. File pages 1 and 2 ent, prior to burial, crematian, or removal, and in any event		18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. OEATH WAS CAUSEO BY: 927, BumMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove)		INTERVAL BETWEEN ONSET AND GEATH
This certificate should cote, writing the word be forworded to the Ct be used as a burial-tre to buriol, crematian,		rise to immediate couse (a), stating the underlying couse lost.		
his certifications, writing to forworde be used os to buriol, or to burious the burious that the burious the burious that the	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
inner: The certifico should be files. 3 should be ent, prior t	L CERTIFICATION	20b. EXTERNAL CAUSE WAS PRIMARY Large CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	(Enter noture of injury in Port or Port of item 18.) h - caught on sand bar, unab	le to
Z = 4 = 9 g	MEDICAL	44 Cypm 6-20-19 64 While of work of work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.) Ocean City Wor	
P. P		21. I certify that I taok charge of the remains described above, he death resulted fram: Natural couses , Accident , Suice	cide, Hamicide, Undetermined manner	ond in my opinion
. = = = = =		ACTUAL Thomas Roberts	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED 6-21-64
TO DEPUTY I necessory, p the funeral 5 may be re TO FUNERAL I Health or its		EXAMINER'S Thomas A Roberts	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	
To D The state of		D. BURIAL (REMATION, REMOVAL (Specify) Urrial Ft Lincol ADDRESS		(County) (Stote) P.G. Md. GNATHEF
VR A15ME (5)	1	rancis Gasch's Sons Hyattsville, Md.	DATEJUN 2 7 1966 filliand	es Judge
